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## “Could trigger exodus of rural doctors”: GP Incentives Review recommendation sparks serious concerns

A key recommendation of the Commonwealth’s GP Incentives Review could lead to an exodus of doctors from the bush, by taking a much-needed support payment away from them and instead paying it to the practices that employ them, the Rural Doctors Association of Australia (RDAA) has warned.

Amongst a range of Review recommendations, Recommendation 1B would see the Workforce Incentive Payments (WIP) Doctor Stream and Rural Advanced Skills Stream payments – currently paid directly to doctors – instead paid to practices.

“Paying the incentives to practices, rather than direct to doctors, would enable practices to decide how much of the incentive the doctor would receive – all of it, part of it, or none at all – even though the payment is meant to be an extra incentive to doctors for working rurally” **RDAA President, Dr RT Lewandowski, said.**

“RDAA has engaged constructively throughout the Review, supporting simplification of the incentives paid to doctors and practices, as well as wider reform on how rural and remote general practice is funded.

“Importantly, we have argued that practice-specific incentives should also be reformed so they better reward and support not just GP services but also services provided by the whole multidisciplinary rural healthcare team – including nurses and allied health professionals – to their communities.

“However, it is critical that reforms flowing from the Review must be implemented in an holistic and measured way – not in a piecemeal way that will only destabilise the rural doctor workforce.

“The WIP Doctor Stream and Rural Advanced Skills Stream incentives recognise a doctor’s service to a rural community, their length of service in the community, and the range of services they provide there – like primary care, emergency after-hours care, obstetrics, anaesthetics, mental healthcare, paediatrics, or numerous other advanced skills services that are critical in rural communities.

“While the billings of rural and remote doctors may not, on their own, generate the salary of their city colleagues, the two WIP incentives can help them achieve income equity with their metropolitan peers, and they have played a big part in the revival of interest of young doctors in careers as a rural GP or Rural Generalist doctor.

“Locum doctors also receive the two WIP payments directly, which is crucial in supporting small communities to attract locums, particularly given the payments are higher the more remote the community is.

“The WIP Rural Advanced Skills Stream only commenced in earnest in 2024. Proposed by RDAA, the incentive received bipartisan support at the last election. As such, it is concerning to see this incentive potentially already under threat.

“Given its introduction was a key recommendation of the National Rural Generalist Pathway development – and we are now seeing good numbers of applicants for Rural Generalist training for 2024 and 2025 – it will be critical to not make a decision now that would put this in jeopardy.



“A number of our rural doctor members who are also owners of rural general practices have said this recommendation will have a negative impact on communities and practices. After all, if doctors are leaving town then local practices will struggle.

“There is a need for additional support for practices through targeted practice support payments, rather than by simply robbing Peter to pay Paul.”

**RDAA also noted the Review has recommended that the Commonwealth’s After Hours Care Support Payment should provide financial support to general practices providing deputising after-hours services for their patients.** RDAA believes, however, that after-hours payments to practices should only be paid where the GPs and/or practice staff are providing access to in-person after-hours services, not utilising a third party provider where the practice incurs no charge.

“There are some positive aspects to the concepts outlined in the Review recommendations, but the detailed design of the structure of the program – including the Baseline Program Payment, incentive arrangements for after-hours services, clinical teaching, quality improvement and targeted programs – needs to be undertaken in close consultation with primary care clinicians and peak bodies, and then implemented in a planned way and timely fashion” **Dr Lewandowski said.**

“Simply tinkering with individual components like the WIP payments over an extended period of years, and not proceeding with the design and implementation of a new funding model – particularly for rural general practice – will likely have the opposite effect of the intention of the reforms.

“RDAA is keen to work with the Federal Government and Health Department to deliver a funding model that better facilitates rural multidisciplinary care, and has targeted incentives and programs to ensure our communities have increased access to primary care and other services.

“A funding model for rural general practice cannot just entail moving existing dollars from here to there – it will require additional investment as well as redesign. Redirecting WIP payments from individual doctors to practices should NOT be the first step in this journey.

“We will be meeting with the Federal Health Minister and senior representatives from the Health Department over the coming months to discuss the Review recommendations.

“We look forward to having some constructive discussions about the reform process for GP Incentives, in order to make the Incentives program the most effective it can be in enticing and keeping more doctors in the bush.”

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[Find the Report recommendations here](#)

[Photo of Dr RT Lewandowski](#)

**Interviews are available with:**

Dr RT Lewandowski (RDAA President)  
Ms Peta Rutherford (RDAA CEO)

**Media contacts:**

Patrick Daley on 0408 004 890  
Ineke Kuiper on 0408 669 638